

Notice of Privacy Practices

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Omnibus Rule effective March 26, 2013.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

OUR COMMITMENT TO YOUR PRIVACY

Our office is dedicated to maintaining the privacy of your **protected health information (PHI)**. During your treatment, doctors, nurses and other caregivers will gather data about your medical history, your current health and your billing information. We have always regarded medical and personal information as completely confidential. As a result, many of the new federal mandates have not changed the way we handle your information other than to tell you how we protect it.

The United States Congress has passed the Health Insurance Portability and Accountability Act. We are required by law to provide you with this Notice of our legal duties and the privacy practices that we maintain in our office concerning your PHI. We are required by law to maintain the confidentiality of health information that identifies you. By law, we must follow the terms of the Notice that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI
- Your privacy rights in regard to your PHI
- Our obligations concerning the use and disclosure of your PHI

1. WE MAY USE AND DISCLOSE YOUR PHI

The following are examples of the types of uses and disclosures of your PHI that our office may make under this Notice. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

Treatment: Our office will use, receive and disclose your PHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We may request your prescription eligibility, benefits, formulary and medication history online. We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. Many of the people who work for our office – including, but not limited to, our doctors and nurses – may use or disclose your PHI in order to treat you or to assist others such as hospitals, specialists, home health agencies or your primary care physician in your treatment.

Release of Information to Family/Friends: Our office may release your PHI to your spouse friends and/or family members that are involved in your care unless you request in writing, that such disclosures are not to be made.

Payment: Your PHI will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may require before it approves or pays for the health care services we recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant PHI be disclosed to your health plan to obtain approval for the hospital admission. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services and items.

Health Care Operations: Our office may use and disclose your PHI to operate our business. These activities include, but are not limited to quality assessment and improvement activities, reviewing the quality of care provided by your health care providers, training of personnel and medical students, licensing and conducting or arranging for other business activities.

Appointment Reminders and Other Health Information: We may use your medical information to send you appointment reminders or call you on the phone. Our office will try to disclose only the minimum necessary PHI for our patients while completing these tasks. Please be aware that if you call us on a cellular phone or cordless phone these may not be secure. If you provide us with a cellular phone number you are giving us permission to contact you in this manner. Disclosures will be made when required to do so by federal, state or local law.

Business Associates: We will share your PHI with third party “business associates” that perform various activities (*e.g.*, billing, transcription services) for the office. Whenever an arrangement between our office and a business associate or a subcontractor of the business associate, involves the use or disclosure of your PHI, we will have a written agreement that contains terms that will protect the privacy of your PHI.

Emergencies: If you are unable to agree or object to a disclosure due to your incapacity in an emergency situation, we may exercise our professional judgment to determine whether a disclosure is in your best interest.

Communication Barriers: We may use and disclose your information if we are unable to obtain authorization due to communication barriers and we determine, using professional judgment, that you intend to authorize this disclosure under the circumstances.

2. USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose your identifiable health information without your consent, authorization or opportunity to object:

Public Health Risks/Serious Threats to Health or Safety: Our office may disclose your PHI to public health authorities that are authorized by law to collect such information. We may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat. Examples: Centers for Disease Control, Food and Drug Administration, Social Service Organizations.

Health Oversight Activities: Our office may disclose your PHI to health oversight agencies for quality accreditation or other activities authorized by law. Examples: Tumor Registries, licensure, investigations, inspections, audits, surveys, or disciplinary actions (such as civil, administrative, and criminal procedures or actions), or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

Legal Proceedings: Our office may disclose your PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: Our office may also disclose your PHI, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include, but are not limited to, (1) legal processes and other proceedings required by law, (2) limited information requests for identification and location purposes, (3) requests pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on our premises, and (6) medical emergency (not on our premises) and it is likely that a crime has occurred.

Abuse or Neglect: Our office may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Deceased Patients: Our office may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. We may also disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out his/her duties.

Research: Our office may use and disclose your PHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your PHI for research purposes except when: (a) our use or disclosure was approved by an Institutional Review Board or a Privacy Board; (b) we obtain the oral or written agreement of a researcher that (i) the information being sought is necessary for the research study; (ii) the use or disclosure of your PHI is being used only for the research and (iii) the researcher will not remove any of your PHI from our office; or (c) the PHI sought by the researcher only relates to decedents and the researcher agrees either orally or in writing that the use or disclosure is necessary for the research and, if we request it, to provide us with proof of death prior to access to the PHI of the decedents.

Military: Our office may disclose your PHI to the U.S. military for Armed Forces personnel, under certain circumstances; to the Department of Veterans Affairs for determination of eligibility, and; to the U.S. Department of State or other authorized agency conducting national security and intelligence activities, including protective services for the President or others legally authorized.

National Security: Our office may disclose your PHI consistent with applicable federal and state laws, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, or if necessary for law enforcement to identify or apprehend an individual. Our office may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

Inmates: Our office may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

Workers' Compensation: Our office may release your PHI for workers' compensation as necessary to comply with laws relating to and/or similar programs.

3. YOUR RIGHTS REGARDING YOUR PHI

The following is a statement of your rights regarding PHI and a brief statement of how you may exercise these rights:

Right to See and Get Copies of PHI: In most cases, you have the right to look at and/or request copies of information maintained in our designated record set. Your request must be in writing. The law gives us 30 days to respond to your request, but in most cases this can be handled quickly. In some cases, we may deny your request. If we do deny it, we will explain the reason for the denial and how you can have the denial reviewed. If you request a copy of your records, we may charge a fee for this service.

Right to Amend your Records: You may request an amendment to your PHI if you believe there is an error. That request must be in writing and must clearly explain your reasoning. We will comply with your request, unless we believe the records are correct or were not created by us. If we deny your request you can write a statement of disagreement which will be kept with your medical information.

Right to an Accounting of Disclosures: You have the right to request a list of disclosures we have made to others regarding your medical information. Your request must be in writing. It can cover up to a six-year period, but this accounting will only cover disclosures made after April 14, 2003. It excludes disclosures for treatment, payment, healthcare operations, ones made to you or a family member involved in your care, ones to corrections or law enforcement personnel, and those for national security purposes.

Right to Request Restrictions: You have the right to ask that we limit how we use and disclose your medical information. We will consider your written request, but we are not legally required to accept your restrictions. If we accept your request, we will abide by it except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make. You have the right to request restrictions of certain disclosure of PHI to your health plan when you have paid out of pocket, in full, for your treatment.

Right to Ask for Private Communications: You have the right to ask that we send information to you at an alternate address or by alternate means. Your request must be in writing. We will agree with your request if we can reasonably do so.

Right to Breach Notification: You have the right to be notified following a breach of unsecured protected health information.

Right to Opt Out of Fundraising Communications: Central Nebraska Cardiology may contact you to raise funds and you have the right to opt out of receiving such communications.

Right to a Paper Copy of This Notice: You are entitled to receive a paper copy of our Notice. You may ask us to give you a copy of this Notice at any time. To obtain a paper copy of this Notice, contact **Privacy Officer, Central Nebraska Cardiology 3219 Central Ave. Ste. 107 Kearney, NE 68847-2949.**

Right to File a Complaint: If you believe your privacy rights have been violated, you may file a complaint with our office or with the Office of Civil Rights. To file a complaint with our office, contact **Privacy Officer** or you may contact the Office of Civil Rights at <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html> All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

Right to Provide an Authorization for Other Uses and Disclosures: Our office will obtain your written authorization for uses and disclosures that are not identified by this Notice or permitted by applicable law. In addition, an authorization may be requested for uses and disclosures that are identified in this Notice. You may change your mind, in writing, at any time. If you do change your mind, we will no longer use the information for the reason covered by your authorization, but we cannot take back information that has already been released to others.

Again, if you have any questions regarding this Notice or our health information privacy policies, please contact **Central Nebraska Cardiology 3219 Central Ave. Ste. 107 Kearney, NE 68847-2949.**

Changes to This Notice:

We reserve the right, or may be required by law to change our privacy practices, which may result in changes to the Notice. We reserve the right to make the most current Notice effective for information that we already have about you as well as any information we receive in the future.

Effective Date: July 29, 2013

Acknowledgment of Receipt of Notice of Privacy Practices

Central Nebraska Cardiology
 3219 Central Avenue, Suite 107
 Kearney, NE 68848

HIPAA Acknowledgement of Receipt and Patient Designation of Family Members and Friends. Central Nebraska Cardiology takes patient privacy seriously. CNC personnel use and disclose patient health information only as outlined in the CNC Notice of Privacy Practices.

Signature

I have reviewed this privacy practices form and hereby acknowledge that I have received a copy of the privacy practices of Central Nebraska Cardiology.

 Name of Patient (Print or Type) _____
 Date of Birth

X

 Signature of Patient

 Date

 Signature of Patient Representative

 Relationship of Patient Representative to Patient

By this form I give permission to Central Nebraska Cardiology to discuss my medical condition, allow to pick up prescriptions, medical supplies or x-rays with the following person(s):

I decline to have my medical information released to anyone not indicated in the release of information for insurance billing and medical necessity within the medical profession.

Name	Relationship	Phone #